



Commonwealth  
of Massachusetts

2001 MAY 23 P 1:17

Form CPF D105: Summary Report of Campaign  
Receipts and Expenditures  
Office of Campaign and Political Finance

CAMPAIGN & POLITICAL  
FINANCE

13269

File with: Director  
Office of Campaign and Political Finance  
One Ashburton Place  
Boston, MA 02108  
(617) 727-8352

CPF ID#

For Office Use

Reporting period from:

5/1/01

through

5/15/01

Date Month Year

Date Month Year

Name of Candidate/Committee:

Michael A. Sullivan Committee

Office Sought:

Name of Bank:

Citizens Bank of Massachusetts

Beginning Balance for Reporting Period \$ 28778.97 (1)

Total Receipts in the Reporting Period \$ 0.00 (2)

Total Expenditures in the Reporting Period \$ 494.46 (3)

Ending Balance for the Reporting Period \$ 28,284.51 (4)

I hereby declare that the information contained herein is true and correct to the best of my knowledge and belief.

2/9  
gmd

*Tad Klas*

Signature of Cashier or Bank Treasurer

Tad Klas

Name of Cashier or Bank Treasurer

(401) 282-4258

Telephone number

**Form CPF D106: Receipts and Expenditures Report**  
**Report of Expenditures**  
*For Bank Use only*

100 MAY 23 P  
 CAMPAIGN & POLITICAL  
 2001

Office of Campaign and Political Finance, One Ashburton Place, Boston, MA 02108 (617) 727-9352

Candidate Name: Michael A. Sullivan  
 Committee Name: Michael A. Sullivan Committee  
 Name of Bank: Citizens Bank of Massachusetts  
 Reporting Period from: 5/1/01 through 5/15/01 Page # 1

**INSTRUCTIONS TO BANK**

Banks should list any debits to this account, including checks, wire transfers, bank charges and fees. Information should be taken from the front of the check, exactly as it was written by the committee. If any information is omitted from the check, the bank should place an asterik (\*) in the appropriate column on this form. Further instructions are available from OCPF.

**PURPOSES OF PAYMENT**

- |              |                      |                     |                |           |
|--------------|----------------------|---------------------|----------------|-----------|
| 1. TV, Radio | 2. Newspaper         | 3. Meetings         | 4. Printing    | 5. Office |
| 6. Travel    | 7. Signs or displays | 8. Transfer of Fund | 9. Other ..... |           |

Date Check Paid	Payee (Alphabetical listing Mandatory)	Address	Code	Specific Purpose	Amount
5/15/01	Eugen C. Bruna Committee	Somerville, MA	9	Donation	25.00
5/15/01	Cosdy-Galgay Florist	1540 Cambridge A Cambridge, MA 02137	9	Flowers	36.75
5/7/01	Cambridge Family & Children's Services	929 Mass Ave. Cambridge, MA 02139	9	Donation	75.00
5/11/01	Santa Lucia Society	136 Cushing St Cambridge, MA 02138	9	Dues	50.00
5/4/01	Verizon Wireless	P.O. Box 489 Newark, NJ 07101-0483	3	Cell phone	122.01
5/7/01	Verizon	P.O. Box 28007 Lehigh Valley, PA 18002	3	Telephone	185.70
Total expenditures this page					494.46
Total this report period					494.46



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13269

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One Ashburton Place  
Boston MA 02108  
(617) 727-8352

CPF ID# \_\_\_\_\_  
For Office Use

Reporting period from:

5/16/01 through 5/31/01  
Date Month Year Date Month Year

Name of Candidate/Committee:

Michael A. Sullivan Committee

Office Sought:

\_\_\_\_\_

Name of Bank:

Citizens Bank of Massachusetts

Beginning Balance for Reporting Period \$ 28284.51 (1)

Total Receipts in the Reporting Period \$ 0.00 (2)

Total Expenditures in the Reporting Period \$ 890.40 (3)

Ending Balance for the Reporting Period \$ 27,394.11 (4)

I hereby declare that the information contained herein is true and correct to the best of my knowledge and belief:

2/10  
smh

Tad Klas

Signature of Cashier or Bank Treasurer

Tad Klas

Name of Cashier or Bank Treasurer

(401) 282-4258

Telephone number

2001 JUN -7 A 11:44

Office of Campaign and Political Finance, One Ashburton Place, Boston, MA 02108 (617) 727-8352

**Candidate Name:** Michael A. Sullivan  
**Committee Name:** Michael A. Sullivan Committee  
**Name of Bank:** Citizens Bank of Massachusetts  
**Reporting Period from:** 5/16/01 through 5/31/01 Page # 1

**INSTRUCTIONS TO BANK**

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**PURPOSES OF PAYMENT**

- |              |                      |                     |                |           |
|--------------|----------------------|---------------------|----------------|-----------|
| 1. TV, Radio | 2. Newspaper         | 3. Meetings         | 4. Printing    | 5. Office |
| 6. Travel    | 7. Signs or displays | 8. Transfer of Fund | 9. Other ..... |           |

Date Check Paid	Payee (Alphabetical listing Mandatory)	Address	Code	Specific Purpose	Amount
5/25/01	American Express	Suite 0002 Chicago, IL 60679-0002	5	AOL Internet Account	239.40
5/29/01	Boston College Club	100 Federal Street Boston, MA 02110	9	Dues	90.00
5/17/01	Boston College	Conte Forum 140 Comm Avenue Boston, MA 02407	9	Ticket 14128	366.00
5/24/01	Democratic State Committee	Boston, MA	9	Convention	45.00
5/23/01	Fresh Pond Action Committee	362-363 Ridge Avenue Cambridge, MA	9	Donation	50.00
5/16/01	Salvation Army	402 Massachusetts Avenue Cambridge, MA 02139	9	Luncheon Tickets	100.00
Total expenditures this page					890.40
Total this report period					890.40



Commonwealth  
of Massachusetts

Office of Campaign and Political Finance  
One Ashburton Place  
Boston, MA 02108  
(617) 727-8352

Form CPF R 1 : Itemization of Reimbursements  
Office of Campaign and Political Finance

CAMPAIGN & POLITICAL  
FINANCE

JUN 15 A 10:38

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed: Michael A. Sullivan

Committee Name: Sullivan Committee CPF ID #: 13269

Amount of Reimbursement: \$ 239.40

Date of Reimbursement: 5-25-01

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
5/25/01	Michael A. Sullivan 42 Huron Ave Cambridge	American On Line Internet Connection (American Express Secures Account)	239	40
Expenditures in excess of \$50 (listed above)			239	40
Expenditures \$50 and under (not listed above)				
TOTAL AMOUNT REIMBURSED			239	40

Signed under the penalties of perjury:

Michael A. Sullivan  
Signature of Candidate/Treasurer

6-13-01  
Date

Please use a separate sheet for each reimbursement check issued.